

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF OHIO
WESTERN DIVISION**

**UNITED STATES EX REL.
DEBORAH HAUGER, M.D.,**

Relator,

**BRINGING THIS ACTION ON BEHALF
OF THE UNITED STATES OF AMERICA**

**c/o Honorable Gregory G. Lockhart
United States Attorney
221 East Fourth Street, Suite 400
Cincinnati, OH 45202**

and

**c/o Honorable Alberto Gonzalez
Attorney General of the United States
Department of Justice
10th & Constitution Avenues, N.W.
Washington, D.C. 20530**

Plaintiffs,

VS.

THE HEALTH ALLIANCE OF GREATER CINCINNATI

and

THE FORT HAMILTON HOSPITAL,

and

THE UNIVERSITY HOSPITAL, INC.,

and

**UNIVERSITY INTERNAL MEDICINE
ASSOCIATES, INC.**

Defendants.

RELATOR'S STATEMENT

I. Introduction

My name is Deborah Hauger, M.D., F.A.C.C. I reside at 10 Beechcrest Ln., Cincinnati, Ohio 45206. I graduated with a degree in medicine from the University of Texas Health Science Center at San Antonio in San Antonio, Texas, in 1984. I completed a one-year internship and a two-year residency in internal medicine as well as a three-year cardiology fellowship at the University of Texas Health Science Center. I relocated to Cincinnati in 1990 and accepted a position as an associate cardiologist at Taft Place Medical Center. In 1992, I became a partner at Taft Place Medical and served there as a cardiologist until 2007. I served as clinical instructor in the Department of Internal Medicine/Cardiology at the University of Texas Health Science Center at San Antonio Texas from 1989 to 1990. From 1990 to 1995, I served as volunteer assistant professor in the Department of Internal Medicine/Cardiology at the University of Cincinnati. From 1995 to 2004, I served as volunteer associate professor in the Department of Internal Medicine/Cardiology at the University of Cincinnati. I am currently a fellow in the American College of Cardiology, and a member of the Butler County Medical Society and the Ohio Medical Society. I am currently a member of Greater Cincinnati Cardiovascular Consultants and maintain privileges at The Christ Hospital, Mercy Fairfield Hospital, Fort Hamilton Hospital and the University of Cincinnati Medical Center. I have been a member of the board of directors of Fort Hamilton Hospital since January, 2003. A true and accurate copy of my complete curriculum vitae is attached as Exhibit A.

James Kingsbury, then Sr. Vice President of Fort Hamilton Hospital, negotiated the hospital's addition to the Health Alliance in 1998. In 2004, Kingsbury

became the Executive Director of University Hospital and appointed Lynn Oswald to succeed him as the Sr. Vice President at Fort Hamilton Hospital. Both Fort Hamilton Hospital and University Hospital are members of the Health Alliance. The Health Alliance has been undergoing financial difficulties as of late, including the requirement that the Health Alliance hospitals pay over \$4 million dollars in attorneys' fees relating to the withdrawal of The Christ Hospital and St. Luke Hospitals from the Health Alliance. Fort Hamilton Hospital, in particular, has suffered recently from declining revenue and patient volume. To my knowledge, University Hospital has also suffered a recent decline in revenue. As of June 2007, University Hospital projected a \$5 million dollar deficit for the year, an \$18 million dollar decline from 2006. My understanding is that this decline in revenue is due, in large part, to a lower volume of surgical procedures.

In 2005, Lynn Oswald, Sr. Vice President of Fort Hamilton Hospital, hired a consulting firm named Goodman and Associates to develop a plan to improve Fort Hamilton Hospital's finances. Goodman and Associates recommended generating revenue at Fort Hamilton Hospital by performing more procedures, specifically, by developing an interventional lab so that Fort Hamilton Hospital could perform interventional cardiology procedures. Fort Hamilton Hospital's cardiology practice has historically been limited to non-invasive diagnostic procedures such as echocardiograms, electrocardiograms, stress tests, and diagnostic cardiac catheterizations. Developing an interventional lab would allow Fort Hamilton Hospital to perform more lucrative procedures such as angioplasties. My understanding of Ohio law is that a hospital is precluded from performing interventional cardiology procedures unless the hospital has on-site cardiac surgery. This is because complications may

occur during interventional procedures that require immediate back-up cardiac surgery.

Fort Hamilton Hospital does not have on-site cardiac surgery.

II. The C-Port Clinical Trial

The only way that Fort Hamilton Hospital could practice interventional cardiology without having back-up cardiac surgery was to participate in C-Port, the Atlantic Cardiovascular Patients Outcomes Research Team Elective Angioplasty study. C-Port is a clinical trial that compares percutaneous coronary intervention (“PCI”) rates with and without back-up cardiac surgery. PCI is a term that describes a variety of procedures used to treat patients with diseased arteries of the heart. Typically, PCI is performed by determining the location of the obstructed artery and then threading a slender balloon-tipped tube, called a catheter, from an artery in the groin to the troubled area. The balloon is then inflated, compressing plaque and dilating the narrowed coronary artery so that blood flow can resume. This is often accompanied by inserting an expandable metal stent. PCI is an alternative to other forms of treatment, such as treatment with a thrombolytic drug that attempts to reopen the clogged artery through chemical rather than physical means. PCI is generally more effective than drug treatment; however, it poses a risk that is absent in drug treatment: occasionally the blocked artery ruptures or tears during the procedure. When this happens immediate cardiac surgery is required.

C-Port theorizes that in some areas that lack proximity to a hospital with back-up cardiac surgery, it may be safer to perform PCI than to rely on alternative treatment, even though patients that experience complications during interventional procedures will have to be transported to a hospital with cardiac surgery. Current

guidelines endorsed by The Society for Cardiovascular Angiography and Interventions, the American Heart Association and the American College of Cardiology classify elective PCI without back-up cardiac surgery as a Class 3 Indication, meaning that it is considered not useful or effective and in some cases potentially harmful.

My understanding of C-Port was that it was not intended to serve as a revenue generator for a struggling hospital. The Society for Cardiovascular Angiography has stressed that developing a PCI program when driven by financial gain is strongly discouraged.

For a hospital to participate in the C-Port trial, it must obtain a parent hospital that has cardiac surgery to provide back-up for surgical complications and to receive 25% of the interventional patients from C-Port participant to function as a control group. It is presumed the back-up hospital is the closest facility that provides emergency cardiac surgery.

III. Fort Hamilton Hospital's Patient Referral Scheme

In 2005, Lynn Oswald approached University Hospital to obtain cardiac surgery coverage for the C-Port trial. I met with Lynn Oswald and Dr. David Stern, Dean of the University of Cincinnati College of Medicine, to encourage University Hospital to sponsor Fort Hamilton Hospital for the C-Port trial. On March 14, 2007, Lynn Oswald met with Dr. Bradley Britigan, President of University Internal Medicine Associates (“UIMA”), James Kingsbury, Executive Director of University Hospital, and various additional UIMA and University Hospital to forge a relationship between Fort Hamilton Hospital and University Hospital. This meeting took place at the Wetherington Golf and Country Club – Kingsbury’s country club.

Fort Hamilton Hospital negotiated an oral agreement with UIMA and University Hospital to provide cardiology coverage and cardiac surgery as required by C-Port. As part of the agreement and in addition to providing cardiac surgery coverage, the Health Alliance agreed to provide over \$3 million dollars in funds to build an interventional lab at Fort Hamilton Hospital, contingent upon Fort Hamilton Hospital using a Health Alliance hospital, such as University Hospital, as its C-Port sponsor. Construction of this lab, including construction of several cardiac catheterization facilities, is scheduled to be completed in the fall of 2007.

A facility fee is a fee charged by a hospital at which medical services are provided that is separate from a physician's charge for the actual services. The facility fee compensates the hospital for the ancillary services provided to the patient by the hospital. In addition to the money made available for construction of an interventional lab, Fort Hamilton Hospital can now charge a facility fee for each interventional procedure performed at the hospital. These fees would not be able to be charged without University Hospital cardiology's participation in C-Port. The facility fees that Fort Hamilton Hospital will be able to charge by virtue of its participation in C-Port are substantial. My understanding is that Fort Hamilton Hospital expects to perform over 200 interventional procedures each year through its agreement with University Hospital. Without C-Port or cardiac surgery Fort Hamilton Hospital would not be able to perform any of these procedures.

In exchange for the remuneration outlined above, Fort Hamilton Hospital agreed to designate UIMA cardiologists as "preferred cardiology providers." Under this agreement, UIMA cardiologists practicing at Fort Hamilton Hospital would become the

recipient of all unassigned cardiology referrals. Thus, unless a patient that arrives at Fort Hamilton Hospital requests a specific cardiologist by name, that patient is assigned to a UIMA cardiologist. The effective result of this agreement is that all new cardiology business that comes to Fort Hamilton Hospital goes to UIMA and University Hospital. Non-UIMA board certified cardiologists that practice at Fort Hamilton Hospital are deprived of patients.

Fort Hamilton Hospital not only refers unassigned patients to UIMA cardiologists pursuant to the preferred provider agreement, but also refers every patient that enters Fort Hamilton Hospital and that requires cardiac surgery to University Hospital cardiac surgeons. These referrals for patients that need cardiac surgery are more lucrative than referrals for diagnostic or interventional procedures. In addition to the steady flow of unassigned patients and patient referrals for cardiac surgery, as part of the C-Port trial 25% of all patients that enter Fort Hamilton Hospital and are in need of interventional procedures will transfer to University Hospital. This functions as the control group for the C-Port trial.

There are numerous interventional cardiologists that are not affiliated with UIMA and that have privileges at Fort Hamilton Hospital. However, none of these non-UIMA cardiologists are preferred providers under Fort Hamilton Hospital's referral-for-kickback scheme and none of them receive the unassigned patients that are referred only to UIMA cardiologists.

The patient referral agreement was discussed openly at meetings of the Fort Hamilton Board of Trustees and at Medical Executive Committee meetings. The March 15, 2007 Fort Hamilton Hospital Board of Trustees minutes state that "Ms.

Oswald gave an update on the cardiovascular project and reported negotiations are underway with UC physicians.” (The terms “UC physicians” and “UC cardiologists” were used to refer to UIMA cardiologists.) A true and accurate copy of these minutes is attached as Exhibit B. At the May 2, 2007 Fort Hamilton Hospital Board Meeting it was confirmed that the C-Port project was moving forward and merely waiting for approval of Fort Hamilton Hospital’s resubmission of its C-Port application to the Investigational Review Board. At this meeting Mr. Turner, Director of Cardiovascular Service, noted that the new catheterization labs were under construction and that interventional procedures were scheduled to begin soon. A true and accurate copy of these meeting minutes is attached as Exhibit C.

At the May 2007 Medical Executive Committee Meeting, Lynn Oswald disclosed that Fort Hamilton Hospital had entered into the preferred provider agreement with UIMA. Lynn Oswald said that Fort Hamilton Hospital had to give UIMA preferred cardiology referrals to make it “worth their while” to come to the hospital. She commented that this arrangement was necessary to “save the hospital.” At this meeting, I questioned whether this referral-for-kickback arrangement was legal. Lynn Oswald said that she had a legal opinion stating that the arrangement was permissible.

On June 27, 2007, I was told that I would no longer be supervising stress tests on Wednesdays as the schedule had been and that this privilege would be granted exclusively to UIMA cardiologists. The following day, Dr. Manitsas told me that all non-invasive studies (such as echocardiograms, electrocardiograms, and stress tests) would be given to UIMA cardiologists as part of the agreement to induce them to come to Fort Hamilton Hospital.

IV. The Kickback Scheme Continues

On June 29, 2007, I was told that, beginning July 1st, I was no longer authorized to read any electrocardiograms other than those that I ordered personally. In addition, I noticed that I had been replaced by University of Cincinnati cardiology trainees on the July "cardiologist on call" schedule posted in the emergency room. The new schedule included cardiology trainees from the University of Cincinnati on Wednesdays, Fridays, Saturdays, and Sundays.

I was surprised to see University of Cincinnati cardiology trainees listed as the "cardiologist on call" because these cardiology fellows, by definition, are not cardiologists. They have not completed a cardiology fellowship, are not board certified and are not board eligible.

On July 1, 2007 I requested that I and other non-UIMA cardiologists be included on the on call schedule. However, I was told by Dr. Kripal, head of the Fort Hamilton Hospital Emergency Room, that the schedule could not be changed by the ER. He stated that this order came from Administration.

On July 3, 2007, I told Lynn Oswald that I was concerned about the quality of care provided by "cardiologists on call" that were not cardiologists, were not board certified, and were not even board eligible. I was concerned and surprised by this practice in particular because there were numerous cardiologists available to perform diagnostic procedures at Fort Hamilton Hospital. Lynn Oswald responded to my criticisms by saying that the cardiology trainees were "physicians" and that this arrangement is "common in many underserved areas in the U.S."

I asked Lynn Oswald if the Fort Hamilton Hospital staff knew that the “cardiologists” provided by UIMA were not University of Cincinnati faculty, but were in fact cardiology trainees. Lynn Oswald told me that this information had been communicated to the staff at the June Executive Committee meeting. I challenged Lynn Oswald’s assertion regarding the June meeting and pointed out that the meeting minutes did not reflect this communication. I also questioned Fort Hamilton Hospital’s new practice of assigning the reading of non-invasive tests to University Hospital cardiologists.

Lynn Oswald’s only response on behalf of Fort Hamilton Hospital was to affirm that the referral of non-invasive tests was promised to UIMA as part of the preferred provider agreement in exchange for giving Fort Hamilton Hospital the ability to participate in C-Port. A true accurate copy of the June Executive Committee meeting minutes is attached as Exhibit D.

At the July 13, 2007 Medical Executive Committee meeting, Lynn Oswald confirmed that Fort Hamilton Hospital was paying University of Cincinnati cardiology trainees to perform consultations and diagnostic procedures at Fort Hamilton Hospital and that Fort Hamilton Hospital was billing for their services. She also said that the Investigational Review Board was meeting on July 18, 2007, to confirm University Hospital’s involvement with Fort Hamilton Hospital and the C-Port trial. Oswald announced that the University Hospital principal investigator would be the cardiologist Dr. Helmy. At the meeting, Lynn Oswald advised the committee members that the C-Port trial would be in effect and that individual procedures would be performed at Fort Hamilton Hospital by August 1, 2007.

At the July 13, 2007 meeting, I voiced alarm over Fort Hamilton Hospital's plans. I questioned the quality of care that would be provided to patients by cardiology trainees that were neither board certified nor board eligible and, therefore, whether Fort Hamilton Hospital would be meeting the standard of care in Ohio. I also said at this meeting that I believed that the patient referral-for-kickback arrangement that Fort Hamilton Hospital had devised was illegal.

Lynn Oswald said little on behalf of Fort Hamilton Hospital in response to my concerns. She said that Fort Hamilton Hospital had not entered into a written agreement with UIMA or University Hospital to generate referrals and that Fort Hamilton Hospital had entered into preferred provider agreements like this one in the past. Lynn Oswald conceded that she did not have a legal opinion justifying the agreement – contradicting her prior assertions. Finally, she confirmed that she had promised UIMA cardiologists “guaranteed referrals” in exchange for performing procedures at Fort Hamilton Hospital and that I had been removed from the diagnostic reading panel and the emergency room on-call list to facilitate making those guarantee referrals. She ignored the quality of care issues that I raised at the July 13, 2007 Medical Executive Committee meeting.

The fact that Fort Hamilton Hospital did not have a legal opinion justifying its kickback for referral agreement was confirmed through a July 16, 2007 e-mail from Lynn Oswald's executive assistant, Diane Tailor. Through this e-mail the Health Alliance refused to share the details of the agreement between University Hospital and Fort Hamilton Hospital with me, even though I am a member of the Fort Hamilton

Hospital Board of Directors. A true and accurate copy of the July 16, 2007 e-mail from Diane Taylor is attached as Exhibit E.

A separate quality of care issue relating to the patient referral scheme is the travel time associated with funneling all patients in need of emergency cardiac surgery from Fort Hamilton Hospital to University Hospital – a distance of 32 miles. Mercy Hospital Fairfield has experienced cardiologists and cardiac surgeons that could provide emergency care to patients, and would only require that they travel 9 miles from Fort Hamilton Hospital. By entering an agreement requiring that all cardiac surgery patients be referred to University Hospital, patients in need of emergency surgery are forced to travel further and wait longer to receive that care. Fort Hamilton Hospital, University Hospital, and the Health Alliance keep surgical revenues within the Health Alliance at the potential cost of patients' lives through this scheme.

Deborah A. Hauger, M.D., F.A.C.C.

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1-800-752-5205

Fax: 513 751-4353

PERSONAL DATA

Birthdate: August 8, 1953; San Antonio, TX
Marital Status: Married; Gerald W. Dorn II, M.D.
Children: Jennifer K. Woodland; DOB: May 14, 1969
Lisa Elizabeth Dorn; DOB: December 27, 1992
Home Address: 2915 Hamilton-New London Rd., Hamilton, OH 45013
Email: haugerdorn@aol.com

EDUCATION

<u>Year</u>	<u>Degree</u>	<u>Institution</u>
1971-1975	B.S.N. summa cum laude	Incarnate Word College, San Antonio, TX
1980-1984	M.D.	University of Texas Health Science Center at San Antonio, San Antonio, TX

POST-GRADUATE TRAINING

<u>Year</u>	<u>Position</u>	<u>Institution</u>
1984-1985	Intern in Internal Medicine	University of Texas Health Science Center at San Antonio, San Antonio, TX
1985-1987	Resident in Internal Medicine	University of Texas Health Science Center at San Antonio, San Antonio, TX
1987-1989	Fellow in Cardiology	University of Texas Health Science Center at San Antonio, San Antonio, TX

Exhibit A

Deborah A Hauger, MD FACC
ACADEMIC APPOINTMENTS

1989-1990	Clinical Instructor	Department of Internal Medicine/Cardiology University of Texas, Health Science Center at San Antonio, TX
1990-1995	Volunteer Asst Prof	Department of Internal Medicine/Cardiology University of Cincinnati, OH
1995-2004	Volunteer Assoc Prof	Department of Internal Medicine/Cardiology University of Cincinnati, OH

PROFESSIONAL APPOINTMENTS

1990-1992	Associate Cardiologist	Taft Place Medical Hamilton, OH
1992-2007	Partner (Cardiologist)	Taft Place Medical Hamilton, OH
2007-present	Associate	Greater Cincinnati Cardiovascular Consultants Cincinnati, OH

HOSPITAL APPOINTMENTS

1990-present	Director	Cardiac Catheterization Laboratory Fort Hamilton-Hughes Hospital Hamilton, OH
1990-present	Chair/co-Chair	Cardiopulmonary Care Committee Fort Hamilton-Hughes Hospital Hamilton, OH
1995-1999	Chair	Medical Ethics Committee Fort Hamilton-Hughes Hospital Hamilton, OH
2003-2005	Member	Cardiovascular Service Line The Health Alliance of Greater Cincinnati Cincinnati, OH
2003-present	Member	Board of Trustees Fort Hamilton-Hughes Hospital Hamilton, OH
2007-present	Medical Staff Secretary	Medical Executive Committee Fort Hamilton-Hughes Hospital Hamilton, OH

Deborah A Hauger, MD FACC

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LICENSURE AND CERTIFICATION

<u>Year</u>	<u>Institution or State</u>
1987	American Board of Internal Medicine
1989	American Board of Internal Medicine Subspecialty of Cardiovascular Disease
current	Texas Medical License #G8168
current	Ohio License #35-06-0201

PROFESSIONAL MEMBERSHIPS

American College of Cardiology, Fellow
Butler County Medical Society
Ohio Medical Society
Secretary – Hamilton/Fairfield Academy of Medicine

HOSPITAL AFFILIATIONS

The Christ Hospital
2139 Auburn Avenue
Cincinnati, OH 45219

Fort Hamilton Hospital
630 Eaton Avenue
Hamilton, OH 45013

Mercy Fairfield Hospital
3000 Mack Road
Fairfield, OH 45014

Fairfield Cardiac Cath Labs, LLC
3000 Mack Road, Suite 200
Fairfield, OH 45014

University of Cincinnati Medical Center
234 Goodman Street
Cincinnati, OH 45219

HONORS AND AWARDS

1984	Alpha Omega Alpha Honor Society
1984	Outstanding Student in Internal Medicine
	San Antonio Internists Club

FORT HAMILTON HOSPITAL
BOARD OF TRUSTEES
MINUTES

CONFIDENTIAL

March 15, 2007

PRESENT

Kevin Campbell, MD
Neil H. Cohen
Woody Fitton
Jean Glowka
Deborah Hauger, MD
Rev. John Lewis
Timothy Myers
Lynn M. Oswald
Michael J. Samoviski
George Schmidt
Jeff Thurman
Robert L. Weigel
Robert B. Wile
Sara S. Wolf

ABSENT

Joseph P. Belew
Andrew Hear, MD
Vaughn Lewis
James I. Scott, Jr., MD

Also in attendance were Marilyn Schwemberger and Leslie Snyder, hospital administrative staff and Amber Haire, administrative resident. Guests included Steve Best, Resolutions; Community Solutions, Inc. administrative staff.

The meeting was called to order by Mr. Weigel, Chairman.

The invocation was given by Rev. Lewis.

Consent Agenda Board Minutes and Reports - The following minutes and report were distributed to the Fort Hamilton Hospital board for review prior to the meeting:

Fort Hamilton Hospital Board of Trustees – January 18, 2007
Fort Hamilton Hospital Board Executive Committee – February 20, 2007
Board Quality Committee – March 13, 2007
Medical Staff Report – March 9, 2007 (Copies attached to original minutes.)
Community Advisory Committee – February 15, 2007
Planning Committee – February 27, 2007
Administrative Report – March 15, 2007
Health Alliance Board of Director Minutes – September 27, 2006
Health Alliance Operations Report – October – December 2006

Exhibit B

A motion was made and seconded to approve the minutes and report listed above as presented and ratify actions taken. The motion carried.

Medical Staff Rules and Regulations Revisions – Ms. Oswald presented and reviewed the medical executive committee's proposed revisions to the medical staff bylaws and rules and regulations. These revisions will help assure compliance with Joint Commission, CMS and EMTALA regulations (copy attached to original minutes). Following discussion, a motion was made and seconded to approve the proposed revisions to the medical staff bylaws and rules and regulations as presented. The motion carried.

Financial Report – Ms. Snyder presented and reviewed the financial results for January and February (copies attached to the original minutes). Overall volume was unfavorable for January and February. Total expenses for the month of February before allocations were favorable due to overall good cost containment efforts. On a year-to-date basis, gain (loss) from operations was unfavorable to budget by \$300 thousand compared to \$464 thousand budget resulting in a \$764 thousand negative variance.

Patient Satisfaction – Ms. Oswald reported on the current patient satisfaction results. Fort Hamilton's patient satisfaction targets and current YTD scores are as follows:

	<u>Target</u>	<u>Current Score</u>
Inpatient	84.2	84.1
Emergency Department	78.8	78.7
Outpatient	90.3	90.4

Ms. Oswald expressed concern regarding the decrease in the inpatient patient satisfaction scores. Much effort is being given to identifying areas of dissatisfaction as reported by inpatients. A group of individuals is currently in the process of identifying ways to address three areas of concern that have been identified. Those areas of concern include reducing noise levels in patient care areas, wait times for tests and procedures, and insufficient discharge information. Actions taken to address the identified areas of concern include providing inpatient units with additional resources and incentives. Following discussion, a recommendation was made to provide the board with information on the process used when setting patient satisfaction targets and review overall patient satisfaction numbers. Also Ms. Oswald was asked to request a national report from Press Ganey to compare national trends with Fort Hamilton results

Administrative Report:

Gebhart Center Upgrade - Planning is underway to renovate and expand the Gebhart Center. The Fort Hamilton Foundation is working on developing a capital campaign to raise \$3 million for the Gebhart Center project. Ms. Oswald announced that the Carruthers family has pledged \$1 million and the Fort Hamilton Auxiliary has committed \$50,000 for this project.

Lite Weights Program – The Lite Weights Program has been underway for about 6.5 weeks and has a total weight loss of 900 pounds.

Anthem Negotiations Update – An informational sheet with questions and answers was distributed regarding the Anthem negotiations. The contract will end at mid-night on March 31, 2007.

OHA – Information was distributed regarding OHA sponsored forums which provide opportunities for hospital senior leaders and their board members to convene and discuss health care policy issues that will impact Ohio hospitals into the future. Those interested in participating in the upcoming free forum should contact Lynn Oswald.

Board Committee List – An updated committee roster was distributed.

Cardiovascular Update – The architectural boards for the cardiovascular expansion project were shared with the board. Ms. Oswald gave an update on the cardiovascular project and reported negotiations are underway with UC physicians.

Hospital Historical Trends – Ms. Oswald reported on the hospital's volume and financial trends, including admissions, patient days, ED visits, surgical procedures (inpatient and outpatient), endoscopy (inpatient and outpatient), births, staffing, and revenue and expenses (actual and budgeted) (copies attached to original minutes). New programs are being developed and attempts to identify opportunities to expand services are underway, all of which are anticipated to produce revenue and continue with cost containment efforts.

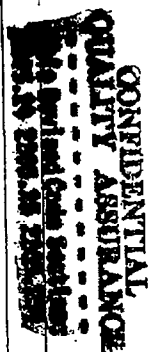
There being no further business, the meeting was adjourned.

Respectfully submitted,

Michael J. Samoviski
Secretary

dt/

Fort Hamilton Hospital
 Minutes




Committee:	Critical Care/Cardiopulmonary Committee
Date/Time:	May 2, 2007 7:35 am – 8:10 am
Location:	Private Dining Room
Present:	Richard Stenberg, DO; Kenneth Wehr, MD Jithendra Choudary, MD; Saeed Esmaili, MD; Deborah Hauger, MD; Pius Manavalan, MD; Paul Nugent, MD; M. Nizar Orfahli, MD; Gregory Parker, MD; Manish Sachdeva, MD; John Zayyat, MD
Not Present:	
Also Present:	Cindy Carter, Clinical Nurse Manager; Jamie Chapman, ICU Clinical Pharmacist; Jan Fenster, Director, Nursing Administration; Sharon Garland, Medical Staff Specialist; Marie Garrison, Quality Analyst; Marilyn Schwenberger, Administration; Matt Turner, Manager, Operations Improvement; Ron Warmoth, Respiratory/Neurology Director; Rebeckah Williams, Infection Control Coordinator

ITEMS/OBJECTIVES	DISCUSSION	ACTION
Call to Order	Dr. Stenberg called the meeting to order.	
Approval of Minutes	The following minutes were presented for approval: <ul style="list-style-type: none"> March 7, 2007 	A motion carried to approve minutes as presented.
Unfinished Business	There was no unfinished business.	
Reports		
Infection Control	Ms. Williams distributed and reported on ICU Compliance with the AHRQ/IHI best practice bundle for central line insertion. All indicators were at 100% compliance for the 1st quarter 2007. She also reports that the Central Line Monitoring Tool is more consistently being forwarded to Infection Control for data collection. One ventilator-associated pneumonia was identified for the 1 st quarter 2007 with no central line blood stream infections identified. (Copies attached to original minutes.) Ms. Williams addressed the question presented at the last meeting related to the use of Bactroban vs Bacetracin to clear patients of nares MRSA colonization. Although Bacetracin may be effective for <i>Staph aureus</i> , it is not effective for <i>Staph aureus</i> resistant strains (MRSA). Ms. Williams recommended that Fort Hamilton Hospital should be standardizing to Bactroban/mupirocin for treatment of patients with MRSA nares colonization. There was discussion.	For information only. For discussion only.
	Ms. Williams reported after research and discussion with St. Luke Hospital concerning use of silver-coated Foley catheters, it is their intention to place the majority of their patients that	For information only.

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	require a Foley on the silver-coated Foley catheters due to upcoming "paid for performance" reimbursement criteria. Health Alliance QMS to gather baseline data for our facility related hospital acquired UTI prevalence. Results will be reported to this committee in the future.	
Policies & Procedures	Ms. Carter distributed and reviewed a list of recommended policy changes. (Summary copy attached to original minutes.)	A motion carried to approve policies as presented.
Code Blue Stats	Ms. Carter reported overall number of in-house codes is up for the 1 st quarter 2007 with most of the codes occurring in ICU. Ms. Carter reported that the survival rate still exceeds national benchmarks at 64%. There was one equipment related incident reported. There was discussion.	Continue to monitor.
Acute MI Clinical Pathway Admission Orders/Pneumonia Pathway	Ms. Carter presented and reported on proposed revisions to the Acute MI Clinical Pathway Admission Orders. (Copies attached to the original minutes). There was discussion. Ms. Carter reported the pneumonia pathway is a Health Alliance pathway and will go to the Medical Executive committee pending approval. There was discussion. There were recommended changes, but committee wanted to review the pathway before final approval.	A motion carried to approve revisions as presented. Pneumonia pathway to be reviewed and discussed at next meeting.
Cardiovascular Services Report	Mr. Turner reported waiting on approval of the IIRB resubmission. He reported that the C-port project continues to move forward. C-port meetings have been temporarily suspended and will resume after the UC physicians have reviewed materials. Mr. Turner reported that construction of the new cath labs and cardiovascular expansion is on schedule and should be completed by late September. Staffing is still in process for appropriate coverage of the interventional program. Scheduled procedures will begin June 30, 2007 with unscheduled procedures taking place in the fall. There was discussion.	For information only.
Respiratory/Neurology Services Report	Mr. Warnoth provided an update of new software, which is a new method of ventilating patients. Mr. Warnoth presented and reviewed the Performance Improvement Measurement Report for respiratory, neurology, and the sleep center. Documentation of education for respiratory patients has greatly improved. Mr. Warnoth also provided information concerning icing of arterial blood gases. Mr. Warnoth will be checking with the lab on how quickly these blood gases are being analyzed from time of the draw. Mr. Warnoth will provide additional information at the next meeting.	For information only. Continue monitoring. Mr. Warnoth to provide additional information concerning icing of arterial blood gases.

Quality Reports	Ms. Garrison distributed and reviewed core measure reports for AMI, CHF, and pneumonia for the 4 th quarter 2006. (Copy attached to original minutes.) Ms. Garrison reported continued issue with beta-blockers for AMI. Ms. Garrison also reported that the AMI site areas that show "no qualifying cases" will become active when the full cardiac interventional program is in effect. Ms. Garrison reported that CHF must have reason for not prescribing and/or contraindications must be documented for ACE/ARB. Antibiotic selection for ICU continues to be an issue for pneumonia. Ms. Garrison reported that ICU antibiotic selection depends on admission to ICU < 24 hours after arrival and admission for complications of pneumonia only. ICU admissions for reasons other than pneumonia do not qualify if documented.	For information only.
New Business		
Revision to Code Cart Stock	Ms. Chapman presented and reviewed a list of items to be stocked in the code cart, which consists of proposed changes and proposed additions. (Copy attached to original minutes.) Ms. Chapman also presented and reviewed a revised insulin therapy protocol for the ICU. (Copy attached to original minutes.) Ms. Chapman reported that education would take place before implementation of this protocol. There was discussion.	A motion carried to approve proposed code cart stock changes as presented. A motion carried to approve proposed changes to the insulin therapy protocol for ICU as presented.
Meeting Date	Dr. Sternberg reported that a request has been made to move the committee meeting date to the 1 st Thursday bi-monthly.	A motion carried to approve meeting date change as requested.


 Richard Sternberg, DO, Co-Chairman
 Critical Care/Cardiopulmonary Committee

FORT HAMILTON HOSPITAL
MEDICAL EXECUTIVE COMMITTEE
AGENDA

Friday, June 8, 2007 – 7:30 AM – Administrative Board Room

CALL TO ORDER

ACT ON MINUTES – May 11, 2007

UNFINISHED BUSINESS

- 1) Dr. Najeed / Back-up Coverage
- 2) Dr. Cochran / Revision to Clinical Privileges
- 3) Cardiology Update
- 4) Pneumococcal & Influenza Vaccine Standing Order Documentation
- 5) AMI Clinical Pathway Admission Orders

QUALITY IMPROVEMENT

- 1) Policies & Procedures – Lynn Oswald
 - a) All-Rx-Med Management / High Alert Medications

NEW BUSINESS

- 1) Medical Staff Scorecards
- 2) Length of Stay Pathway

COMMITTEE REPORTS – Action indicated from *Credentials Committee Report* (See attached summaries from 6/1/07).

ADMINISTRATIVE REPORT – Lynn Oswald

Prepared by: Sharon Garland
Medical Staff Specialist

Exhibit D

<p>New Business</p> <p>Cardiology Update</p>	<p>Ms. Oswald reported continuing to work with UC cardiology group. A preferred provider agreement for unassigned cardiology patients may be needed in order to gain cardiology coverage commitment from an outside group to help stabilize the Taft Place group. Ms. Oswald also reported working with legal counsel, Taft Place, and UC cardiology on this matter. There was discussion.</p>	<p>Ms. Oswald to report recommendations of legal counsel at next meeting.</p>
<p>Nursing Team Update & Clinical Pathways</p>	<p>Ms. Oswald presented and reviewed total turnaround times for radiology reports as well as information trended by modality.</p> <p>Ms. Oswald presented and reviewed an update relative to Fort Hamilton/Quest lab operations. Patient wait times are continuing on an upward trend.</p> <p>Ms. Oswald presented and reviewed the pharmacy medication variance report for January – April 2007. No significant variances in turnaround times or in med errors. Also, reported was unapproved abbreviations compliance at 94%.</p> <p>Ms. Oswald presented and reviewed AMI clinical pathway admission orders proposed revisions. There was discussion. The pathway to be returned to critical care/ cardiopulmonary committee for review of suggested changes.</p>	<p>For information only.</p> <p>Will continue to work with Quest labs on this matter.</p> <p>For information only.</p> <p>Tabled for critical care/ cardiopulmonary committee approval of changes requested.</p>
<p>Pneumococcal & Influenza Vaccine Standing Order</p>	<p>Ms. Oswald presented and reviewed the pneumococcal & influenza vaccine standing order. Fort Hamilton is not significantly compliant due to not being given on day of discharge. There was discussion. It was suggested that the vaccines be given on day two of admission barring any contraindications.</p>	<p>Motion was carried to approve pneumococcal & influenza vaccine standing order day 2 of admission.</p> <p>Criteria for patients opting out, process to notify physician and how this is being documented will be brought to next meeting.</p>

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Committee Reports	A copy of all department/committee minutes is on file in the Medical Staff Services office. No action needed except for the recommendations from the credentials committee. (Copy attached to original minutes.) May 4, 2007 credentials committee recommendations were presented and reviewed.	A motion carried to approve recommendations as presented.
Administrative Report	<p>Ms. Oswald reported that Christ Hospital and St. Luke Hospitals have been approved to withdraw from the Health Alliance. The judge has ordered an orderly transition with all the parties cooperating. Ms. Oswald also reported that there are several options to be reviewed. There was discussion.</p> <p>Ms. Schwemberger reported that the new pharmacy-based anti-coagulation clinic would open June 4, 2007. There was discussion.</p> <p>Ms. Oswald reported that there is an issue with critical care coverage at Fort Hamilton Hospital. There was discussion.</p>	<p>For information only.</p> <p>For information only.</p> <p>Updates will be provided to this committee as may be appropriate and needed.</p>

Andrew Hear, MD
 President, Medical Staff

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Subj: Re: Board Meetings Notice - July 19, 2007
Date: 7/16/2007 9:05:39 AM Eastern Daylight Time
From: Diana.Taylor@healthall.com
To:

Cardiology update is on the agenda.

I checked with Lynn regarding the legal opinion regarding the hospital's preferred doctor arrangements and there is no legal opinion. There is just an agreement. Lynn said we do not share agreements with anyone who is not a party to the agreement.

I hope this answers your questions.

Let me know if you need anything further.

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Tuesday, July 17, 2007 America Online: HAUGERDORN

Exhibit E